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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000082710 (0)** N/C 2/7/97

1. Corporation Name
~~MARQUIS ACQUISITION, INC.~~

CASTLE INSURANCE, INC.



Principal Place of Business: 1112 WESTON ROAD SUITE 121 FORT LAUDERDALE FL 33326
 Mailing Address: 1112 WESTON ROAD SUITE 121 FORT LAUDERDALE FL 33326-1915

3. Date Incorporated or Qualified: 10/08/1996
 3a. Date of Last Report
 4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 4450 W. Sunrise Blvd. Suite, Apt. #, etc. Suite #100
 22 City & State: PLANTATION
 23 Zip: 33313 Country
 2a. Mailing Address
 26 P.O. Box 189013 Suite, Apt. #, etc.
 27 City & State: PLANTATION
 28 Zip: 33318 Country

9. Name and Address of Current Registered Agent
BLATTNER, DAVID K
 200 EAST BROWARD BOULEVARD
 15TH FLOOR
 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
 81 Name: **Craig A. Vaughan**
 82 Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Blvd.
 83 Suite #100
 84 City: PLANTATION FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **CRAIG VAUGHAN** 3-21-97
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P. James Donnelly	
1.3 STREET ADDRESS	2544 Eagle Run	
1.4 CITY - ST - ZIP	Weston, FL 33327	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gil Sternbach	
2.3 STREET ADDRESS	4935 Kensington Circle	
2.4 CITY - ST - ZIP	Coral Springs, FL 33076	
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Craig A. Vaughan	
3.3 STREET ADDRESS	1110 Weston Rd. #121	
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33326	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200002127622	
5.3 STREET ADDRESS	-03/28/97--01120--040	
5.4 CITY - ST - ZIP	***165.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **CRAIG VAUGHAN** 3-21-97 792-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)